

FOR OFFICE USE ONLY
CASE NO
DATE SUBMITTED

## ZONING MAP AMENDMENT (REZONING) FOR PDD / P-MUD

□ PDD □ P-MUD

16		JBMITTAL REQUIRE	_
a period of 180 days City Council. The fo Application of \$500.00 appl Two (2) copie a. Land affect b. Legal des c. Present zo d. Zoning cla e. All public s Written legal applicable).	s from the date of denial, explored items must be submompleted in full. lication fee. es of a fully dimensioned matted; cription of area of proposed oning; assification of all abutting la and private rights-of-way ar	xcept with permission nitted by an established ap on 24" x 36" paper d change; and and easements bounding erty (metes & bounds	ng and intersecting subject land. or lot & block of subdivision, whichever is
Date of Required	Preapplication Confere	nce:	
APPLICANT'S INFO Name(s)	RMATION:		
			City
Phone Number		Fax Number	
PROPERTY OWNER	R'S INFORMATION:		
Name(s)			
			City
State	Zip Code	_ E-Mail Address	
This property was co	onveyed to owner by deed,	dated	and recorded in Volume
Page of the	e Brazos County Deed Rec	ords.	
General Location of	Property:		
Address of Property:			
Legal Description:			
			g:
	erty:		
Proposed Use of Pro	operty:		

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## **REZONING SUPPORTING INFORMATION**

1.)	List the changed or changing conditions in the area or in the City which make this zone change necessary.
2.)	Indicate whether or not this zone change is in accordance with the Comprehensive Plan. If it is not, explain why the Plan is incorrect.
3.)	List any other reasons to support this zone change.
	ase also provide the following information for PDD rezonings: tement of purpose and intent of the proposed development:
A li	st of proposed land uses:
	The applicant has prepared this application and supporting information and certifies that the facts stated herein and exhibits attached hereto are true and correct. IF APPLICATION IS FILED BY ANYONE OTHER THAN THE <u>OWNER</u> OF THE PROPERTY, APPLICATION MUST BE ACCOMPANIED BY A POWER OF ATTORNEY STATEMENT FROM THE OWNER.
	Signature of owner or applicant Date

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